

POSIT N	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	71431	5/26
O.I.P.E. CLASSIFIER		71435	6/6
FORMALITY REVIEW			8/10/12
RESPONSE FORMALITY REVIEW			10/13/12

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

(PLEASE STAPLE INSIDE)